



BOROUGH OF SOUTH RIVER
48 Washington Street
South River, NJ 08882
732-2575376

CERTIFICATE IDENTIFICATION

Date Issued: 01/17/2018
Control #: 17439
Permit #: 20170159

Block: 285.1 Lot: 32 Qual: _____
Work Site Location: 1 MARION ST

SOUTH RIVER

Owner in Fee: FARAG, HALA

Address: 4 CARLISLE CT

EAST BRUNSWICK NJ 08882

Telephone: 347 852-0050

Agent/Contractor: ANI ELECTRICAL

Address: 1 MALLORY AVE

JERSEY CITY NJ 07304

Telephone: 201 388-0522

Lic. No./ Bldrs. Reg.No.: 15381 Federal Emp. No.: 20-1849152

Social Security No.: _____

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate: _____

Home Warranty No: _____

Type of Warranty Plan: _____

Use Group: _____

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND GARAGE AS PER PLANS

Update Desc. of Wk/Use: _____

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent: _____

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

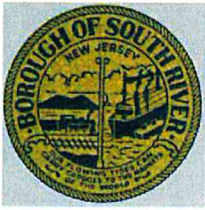
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Glenn Lauritsen Construction Official

Fees: \$0.00

Paid[X] Check No.: 276

Collected by: jc



BOROUGH of SOUTH RIVER
48 Washington Street
South River, NJ 08882
732 - 2575376

Permit Number: 20170159
Update Number:
Control Number: 17439
Application Date: 03/06/2017
Permit Date: 03/28/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 285.1	Lot: 32	Qualification Code:	
Work Site Location:	1 MARION ST SOUTH RIVER		
Owner In Fee:	FARAG, HALA		
Address:	4 CARLISLE CT EAST BRUNSWICK NJ 08882		
Telephone:	(347) 852-0050	Lic. No. / Bldrs. Reg. No.:	15381
Use Group(s):	R-5	Federal Emp. No.:	20-1849152
Contractor:	ANJ ELECTRICAL		
Address:	1 MALLORY AVE JERSEY CITY NJ 07304		
Telephone:	(201) 388-0522		

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND GARAGE
AS PER PLANS

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 2,700.00
Cost of Demolition: 0.00

Total Cost: **\$2,700.00**

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Glenn Lauritsen

Construction Official

3/28/17
Date

PAYMENTS (Office Use Only)	
Building	\$75.00
Electrical	\$65.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$5.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$145.00
All Fees Waived:	No

Amount to be Paid: **\$145.00**
Check Number: 276
Check amount: \$145.00

Collected by: jc
Receipt No:
Total Cash Amount:
Total Check Amount: \$145.00
Total CC Amount:
Grand Total: \$145.00

Note:



BOROUGH of SOUTH RIVER

48 Washington Street

South River, NJ 08882

732 - 2575376

Permit Number: 20170159

Update Number:

Control Number: 17439

Application Date: 03/06/2017

Permit Date: 03/28/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 285.1	Lot: 32	Qualification Code:	
Work Site Location:	1 MARION ST SOUTH RIVER		
Owner In Fee:	FARAG, HALA		
Address:	4 CARLISLE CT EAST BRUNSWICK NJ 08882		
Telephone:	(347) 852-0050		
Use Group(s):	R-5		
Contractor:	ANJ ELECTRICAL		
Address:	1 MALLORY AVE JERSEY CITY NJ 07304		
Telephone:	(201) 388-0522		
Lic. No. / Bldrs. Reg. No.:	15381		
Federal Emp. No.:	20-1849152		

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND GARAGE
AS PER PLANS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,700.00
Cost of Demolition:	0.00

Total Cost: **\$2,700.00**

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Glenn Lauritsen
Construction Official

3/28/17
Date

PAYMENTS (Office Use Only)	
Building	\$75.00
Electrical	\$65.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$5.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$145.00
All Fees Waived:	No

Amount to be Paid:	\$145.00
Check Number:	276
Check amount:	\$145.00

Collected by:	jc
Receipt No:	
Total Cash Amount:	
Total Check Amount:	\$145.00
Total CC Amount:	
Grand Total:	\$145.00

Note:

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.Block: 285.1 Lot: 32 Qualification Code:Work Site Location: 1 MARION ST**Owner Details**Name: FARAG, HALAAddress: 4 CARLISLE CT
EAST BRUNSWICK NJ 08882Telephone: (347) 852-0050

E-mail:

Contractor DetailsContractor: FARAG, HALAAddress: 4 CARLISLE CT
EAST BRUNSWICK NJ 08882Telephone: (347) 8520050 Fax:

E-mail:

Federal Emp. No.:

Lic No. or Bids Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICSUse Group Present: R-5

Constr. Class Present:

No. of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Max. Live Load

Max. Occupancy Load

Proposed:
Proposed:

If Industrialized Building

State Approved _____ HUD _____

Ft.

Sq. Ft.

Sq. Ft.

Cu. Ft.

Sq. Ft.

Est. Cost of Bldg. work:

1. New Building 0.00

2. Rehabilitation 1,500.00

3. Demolition 0.00

4. Total (1+2+3) \$1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required☐ All☐ Footings/Foundations☐ Structural/Framework☐ Exterior☐ Interior☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type: Failure Failure Approval Initial

Footings

Footings Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes - Base Layer

Finishes - Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Dates(Month/Day)

Failure Failure Approval Initial

Footings

Footings Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes - Base Layer

Finishes - Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND GARAGE AS PER PLANS

TYPE OF WORK:☐ New Building☐ Addition☒ Rehabilitation☐ Roofing☐ Siding☐ Fence _____ Height (exceeds 6')☐ Pylon Sign Sq. Ft.☐ Ground or Wall Sign Sq. Ft.☐ Pool☐ Retaining Wall 0.00 Sq. Ft.☐ Asbestos Abatement Subchapter 8☐ Lead Haz. Abatement NJAC 5:17☐ Radon Remediation☐ Other 1:☐ Other 2:☐ Other 3:☐ Demolition

FEE (Office Use Only)

\$30.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$3.00

\$78.00

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.Block: 285.1 Lot: 32 Qualification Code:Work Site Location: 1 MARION ST**Owner Details**Name: FARAG, HALAAddress: 4 CARLISLE CT
EAST BRUNSWICK NJ 08882Telephone: (347) 852-0050

E-mail:

Contractor DetailsContractor: FARAG, HALAAddress: 4 CARLISLE CT
EAST BRUNSWICK NJ 08882Telephone: (347) 8520050 Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldgs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICSUse Group Present: R-5

Constr. Class Present:

No. of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Max. Live Load

Max. Occupancy Load

Proposed:
Proposed:

If Industrialized Building

State Approved HUD**Est. Cost of Bldg. work:**

1. New Building 0.00

2. Rehabilitation 1,500.00

3. Demolition 0.00

4. Total (1+2+3) \$1,500.00**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	Type:	INSPECTIONS	Failure	Dates(Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Footing						
☐ All			Footing Bonding						
☐ Footings/Foundations			Foundation						
☐ Structural/Framework			Slab						
☐ Exterior			Frame						
☐ Interior			Truss Sys./Bracing						
☐ Other			Barrier-Free						
Joint Plan Review Required:			Insulation						
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.			Finishes - Base Layer						
SUBCODE APPROVAL for PERMIT			Finishes - Final						
Date:			Energy						
Approved by:			Mechanical						
SUBCODE APPROVAL for CERTIFICATE			TCO						
☐ CO ☐ CCO ☐ CA			Other						
Date:			Final						
Approved by:			Barrier-Free						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND GARAGE AS PER PLANS

TYPE OF WORK:☐ New Building☐ Addition☒ Rehabilitation☐ Roofing☐ Siding☐ Fence _____ Height (exceeds 6')☐ Pylon Sign Sq. Ft.☐ Ground or Wall Sign Sq. Ft.☐ Pool☐ Retaining Wall 0.00 Sq. Ft.☐ Asbestos Abatement Subchapter 8☐ Lead Haz. Abatement NJAC 5:17☐ Radon Remediation☐ Other 1:☐ Other 2:☐ Other 3:☐ Demolition

FEE (Office Use Only)

\$30.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$3.00\$78.00

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 285.1 Lot: 32 Qualification Code:
Work Site Location: 1 MARION ST

Owner in Fee: FARAG, HALA

Address: 4CARLISLE CT
EAST BRUNSWICK NJ 08882

E-mail:

Telephone: (347) 852-0050

Contractor: ANJ ELECTRICAL

ATTN:

Address: 1 MALLORY AVE
JERSEY CITY NJ 07304

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 15381 Exp Date:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

Building Occupied as [] Pole/Pad # [] Temporary [] Other _____

Utility Co. _____

1. New Building \$0.00 2. Rehabilitation \$1,200.00

3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$1,200.00

Federal Emp. No.: 20-1849152

DESCRIPTION OF WORK:
REPLACE GARAGE DOOR AND NEW
STAIR CASES FOR BASEMENT AND
GARAGE AS PER PLANS

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
4		Lighting Fixtures
3		Receptacles
3		Switches
		Detectors
		Light Poles
		Motor-Fract. HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:

TOTAL NUMBER 10

\$55.00

FEE (Office Use Only)

Job Summary(Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ JCCO ☐ JCA

Date: _____

Approved by: _____

INSPECTIONS	Dates(Month/Day)	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding				
Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature

Print Name

☐ Licensed Electrical Contractor ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

Administrative Surcharge	
Minimum Fee	\$2.00
State Permit Surcharge Fee	
TOTAL FEE	\$67.00

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block: 285.1 Lot: 32 Qualification Code:
Work Site Location: 1 MARION ST

Owner in Fee: FARAG, HALA

Address: 4CARLISLE CT
EAST BRUNSWICK NJ 08882

E-mail:

Telephone: (347) 852-0050

Contractor: ANJ ELECTRICAL

ATTN:

Address: 1 MALLORY AVE
JERSEY CITY NJ 07304

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 15381 Exp Date:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5

Proposed

☐ Pole/Pad #

☐ Temporary

☐ Other

Building Occupied as

Utility Co.

1. New Building \$0.00

2. Rehabilitation \$1,200.00

3. Demolition \$0.00

Est. Cost of Elec. Work (1+2+3) \$1,200.00

Federal Emp. No.: 20-1849152

DESCRIPTION OF WORK:
REPLACE GARAGE DOOR AND NEW
STAIR CASES FOR BASEMENT AND
GARAGE AS PER PLANS

D. TECHNICAL SITE DATA

QTY.

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motor-Fract. HP

Emergency&Exit Lights

Communication Points

Alarm Devices/F.A.C. Panel

Other 1:

Other 2:

TOTAL NUMBER 10

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Htr./Air Handler

KW Baseboard Heat

HP Motors 1/+HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

KW Photovoltaic Systems

Other 3:

Other 4:

Other 5:

Other 6:

Other 7:

Other 8:

Other 9:

FEE (Office Use Only)

\$55.00

Job Summary(Office Use Only)		INSPECTIONS		Dates(Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Rough			
☐ Partial-Underslab Utilities Approved		Barrier-Free			
Date: _____	Approved by: _____	Trench			
Electric Plans Approved		Temp.Serv			
Date: _____	Approved by: _____	Constr.Serv			
Joint Plan Review Required		TCO			
☐ Building ☐ Plumbing		Other			
☐ Fire ☐ Elevator		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: _____		Barrier-Free			
Approved by: _____		Temp Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issue			
☐ CO ☐ CCO ☐ CA		Annual Pool Inspection			
Date: _____		Date of Grounding and Bonding			
Approved by: _____		Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature

Print Name

☐ Licensed Electrical Contractor ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$2.00

\$67.00

LIST OF APPLICATIONS

Site Address 1 MARION ST

4444 - 347-852-0050

December, 01 2017

9:44:26AM

Control No	App Date	Perno	Site Address	Per dt	Update	CCO No	CCO Dt	Close Dt	Block	Lot	Qual	Description
Owner name												
CUFT	SQFT	Bldg	Elec	Fire	Plumb	Elev	Mech	Bfee	MunWyd	Effee	FFee	PA DM
Cost Const	Alt Const	Cost Demol	CO Date	CA Date			Cfee	Badm	Eadm	Fadm	Gfee	TFee
App Type							Hfee					Sfee
												DCA Min.
												Tot Fee
3681	03/30/2004	20040122	04/06/2004	0					285	32		INSULATION AND INSTALL VINYL SIDING
BERARDO		1 MARION STREET	1 MARION STREET							R-3		
0.00	0.00	Yes					\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$ 0.00	\$ 24000.00	\$ 0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
P							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3760	04/19/2004	20040211	05/11/2004	0					284	21		BATHROOM REMODELINGBATHROOM REMODELINGREMODEL
BERARDO		1 MARION STREET	1 MARION STREET							R-3		
0.00	0.00	Yes	Yes	Yes			\$105.00	\$22.00	\$0.00	\$18.00	\$0.00	\$0.00
\$ 0.00	\$ 8620.00	\$ 0.00					\$0.00	\$3.00	\$0.00	\$3.00	\$0.00	\$12.00
P							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3815	05/20/2004	20040256	05/27/2004	0					285	32		REPAIR 23' OF WALL AND REMOVE DRIVEWAY
BERARDO		1 MARION STREET	1 MARION STREET							R-3		
0.00	0.00	Yes					\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$ 0.00	\$ 1000.00	\$ 0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00
P							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3881	06/06/2004	20040267	06/16/2004	0					285	32		FRONT STEPS
BERARDO, DAVID		1 MARION STREET	1 MARION STREET							R-3		
0.00	0.00	Yes					\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$ 0.00	\$ 800.00	\$ 0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00
P							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17439	03/06/2017	20170159	03/28/2017	0					285.1	32		REPLACE GARAGE DOOR AND NEW STAIR CASES FOR BASEMENT AND
FARAG, HALA		1 MARION ST	4 CARLISLE CT							R-5		
0.00	0.00	Yes	Yes				\$75.00	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00
\$ 0.00	\$ 2700.00	\$ 0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
P							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.00